

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/12/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155327		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2011	
NAME OF PROVIDER OR SUPPLIER  UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1380 E COUNTY LINE RD S INDIANAPOLIS, IN46227			
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F0000	<p>This visit was for the Investigation of Complaints IN00094060, IN00095148, and IN00095168.</p> <p>Complaint number IN00094060, Unsubstantiated due to lack of evidence.</p> <p>Complaint number IN00095148, Unsubstantiated due to lack of evidence.</p> <p>Complaint number IN00095168, Substantiated, Federal/State deficiencies related to the allegations are cited at F309.</p> <p>Unrelated deficiency cited at F323.</p> <p>Survey dates: August 22, 23, 24, 2011</p> <p>Facility number: 000220 Provider number: 155327 AIM number: 100267650</p> <p>Survey team: Linda Campbell, RN</p> <p>Census bed type: SNF/NF: 137 Total: 137</p> <p>Census payor type: Medicare: 24 Medicaid: 86</p>			F0000	<p>This plan of correction is to serve as University Heights Health and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by University Heights Health and Living Community or its management company that the allegations contained in the survey report are true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0309 SS=D	<p>Other: 27 Total: 137</p> <p>Sample: 8</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August 26, 2011 by Bev Faulkner, RN</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure residents with diabetes were provided the care and services required to manage their disease for 2 of 4 diabetic residents in the sample of 8. The residents' records contained numerous omissions of documentation related to blood sugar checks and insulin coverage. (Residents #A, #E).</p> <p>Findings include:</p> <p>1. Resident #A's clinical record was reviewed on 8/22/11 at 11:17 A.M. The record indicated the resident was admitted with a diagnosis which included, but was</p>			F0309	<p>F309-483.25 Provide Care and Services For Highest Well Being</p> <p>I. Residentt#A and E now have accuratte documenttatton relecttve ofi sliding scale insulin administtered in accordance withth physician orders</p> <p>Residentt#A and E's pastt30 day blood sugar/sliding scale insulin recordkeeping has been reviewed with each residentt's respective attending physician.</p> <p>II. All residentts who have currentt sliding scale insulin physician orders have been identtfied.</p>		09/23/2011

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	<p>not limited to, diabetes mellitus.</p> <p>A physician's order recapitulation, dated August 2011, indicated:</p> <p>"10/30/10 Accuchecks [fingerstick blood sugar testing] 3 times a day. Call &lt; (less than) 60 or &gt; (greater than) 350..."</p> <p>"Novolog (insulin). Inject subcutaneously per sliding scale: Before meals: &lt; (less than) 150 = 0 units; 151-200 = 2 units; 201-250 = 4 units; 251-300 = 6 units; 301-350 = 8 units, &gt; (greater than) 350 call MD..."</p> <p>"Blood Glucose Testing Logs" dated July 2011 indicated:</p> <p>On 7/18/11 at 4:00 P.M. - The resident's blood glucose was recorded as 191 - documentation was lacking to indicate the resident received 2 units of insulin as ordered.</p> <p>On 7/27/11 at 11:00 A.M. - The resident's blood glucose was recorded as 211 - documentation was lacking to indicate the resident received 4 units of insulin as ordered.</p> <p>On 7/27/11 at 4:00 P.M. - Documentation was lacking to indicate the resident's blood glucose had been checked as</p>				<p>All residents past 30 day blood sugar/sliding scale insulin recordkeeping has been reviewed with each resident's respective attending physician.</p> <p>III.</p> <p>A systemic change will include that all dosages sliding scale insulin administered will be recorded on the blood glucose log.</p> <p>A systemic change will include that all sliding scale insulin blood glucose log documentation will be discussed at Monday-Friday daily clinical meeting per nursing unit manager. Identified concerns will be immediately addressed.</p> <p>Training will be provided to licensed nurse staff to review sliding scale insulin administration/documentation procedures.</p> <p>IV.</p> <p>The Director of Nursing and or designee will conduct weekly documentation audit of 10 resident blood glucose/sliding scale insulin logs x 12 months.</p> <p>Any identified concerns will be addressed.</p> <p>The results of these audits will be discussed at the facility Quality Assurance Committee meeting.</p>		

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	<p>ordered.</p> <p>"Blood Glucose Testing Logs" dated August 2011 indicated:</p> <p>On 8/1/11 at 7:00 A.M. - The resident's blood glucose was recorded as 320 - documentation was lacking to indicate the resident received 8 units of insulin as ordered.</p> <p>On 8/2/11 at 8:00 A.M. - The resident's blood glucose was recorded as 234 - documentation was lacking to indicate the resident received 4 units of insulin as ordered.</p> <p>On 8/3/11 at 4:00 P.M. - The resident's blood glucose was recorded as 169 - documentation was lacking to indicate the resident received 2 units of insulin as ordered.</p> <p>Interview on 8/22/11 at 1:05 P.M. with Unit Manager #2 indicated blood glucose results and insulin administration should be documented on the blood glucose testing logs.</p> <p>2. Resident #E's clinical record was reviewed on 8/23/11 at 10:50 A.M. The record indicated the resident was admitted with diagnosis which included, but was not limited to, diabetes mellitus.</p>				<p>Modifications of the following plan will be adjusted as deemed necessary.</p> <p>Completion Date: September 23, 2011.</p>		

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	<p>A physician's order recapitulation, dated August 2011, indicated:</p> <p>"3/10/11 Accuchecks before meals and at bedtime. Call &lt;60 or &gt;300..."</p> <p>"Novolog (insulin). Inject subcutaneously per sliding scale: Before meals and at bedtime: &lt; 150 = 0 units tx: 151-200 = 2 units: 201-250 = 4 units: 251-300 = 6 units: &gt; 300 call MD..."</p> <p>"Blood Glucose Testing Logs" dated July 2011 indicated:</p> <p>On 7/7/11 at 9:00 P.M. - The resident's blood glucose was recorded as 278 - documentation was lacking to indicate the resident received 6 units of insulin as ordered.</p> <p>On 7/8/11 at 9:00 P.M. - The resident's blood glucose was recorded as 165 - documentation was lacking to indicate the resident received 2 units of insulin as ordered.</p> <p>On 7/11/11 at 11:00 A.M. - The resident's blood glucose was recorded as 258 - documentation was lacking to indicate the resident received 6 units of insulin as ordered.</p>						

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	<p>On 7/12/11 at 7:00 A.M. - The resident's blood glucose was recorded as 156 - documentation was lacking to indicate the resident received 2 units of insulin as ordered.</p> <p>On 7/12/11 at 11:00 A.M. - The resident's blood glucose was recorded as 167 - documentation was lacking to indicate the resident received 2 units of insulin as ordered.</p> <p>On 7/13/11 at 7:00 A.M. - The resident's blood glucose was recorded as 212 - documentation was lacking to indicate the resident received 4 units of insulin as ordered.</p> <p>On 7/13/11 at 11:00 A.M. - The resident's blood glucose was recorded as 169 - documentation was lacking to indicate the resident received 2 units of insulin as ordered.</p> <p>On 7/21/11 at 7:00 A.M. - The resident's blood glucose was recorded as 204 - documentation was lacking to indicate the resident received 4 units of insulin as ordered.</p> <p>On 7/21/11 at 11:00 A.M. - The resident's blood glucose was recorded as 175 - documentation was lacking to indicate the resident received 4 units of insulin as</p>						

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	<p>ordered.</p> <p>On 7/28/11 at 4:00 P.M. - The resident's blood glucose was recorded as 165 - documentation was lacking to indicate the resident received 2 units of insulin as ordered.</p> <p>On 7/29/11 at 11:00 A.M. and 4:00 P.M. - Documentation was lacking to indicate the blood glucose checks had been done.</p> <p>On 7/31/11 at 11:00 A.M. and 4:00 P.M. - Documentation was lacking to indicate the blood glucose checks had been done.</p> <p>"Blood Glucose Testing Logs" dated August 2011 indicated:</p> <p>On 8/1/11 at 4:00 P.M. - The resident's blood glucose was recorded as 160 - documentation was lacking to indicate the resident received 2 units of insulin as ordered.</p> <p>On 8/2/11 at 7:00 A.M. - The resident's blood glucose was recorded as 185 - documentation was lacking to indicate the resident received 2 units of insulin as ordered.</p> <p>On 8/2/11 at 4:00 P.M. - The resident's blood glucose was recorded as 260 - documentation was lacking to indicate the</p>						

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	<p>resident received 6 units of insulin as ordered.</p> <p>On 8/6/11 at 9:00 P.M. - The resident's blood glucose was recorded as 190 - documentation was lacking to indicate the resident received 2 units of insulin as ordered.</p> <p>On 8/9/11 at 7:00 A.M. - The resident's blood glucose was recorded as 196 - documentation was lacking to indicate the resident received 2 units of insulin as ordered.</p> <p>On 8/9/11 at 11:00 A.M. - The resident's blood glucose was recorded as 183 - documentation was lacking to indicate the resident received 2 units of insulin as ordered.</p> <p>On 8/10/11 at 4:00 P.M. - Documentation was lacking to indicate the blood glucose checks had been done.</p> <p>On 8/13/11 at 9:00 P.M. - The resident's blood glucose was recorded as 321 - documentation was lacking to indicate the resident received 6 units of insulin as ordered.</p> <p>On 8/15/11 at 4:00 P.M. - The resident's blood glucose was recorded as 170 - documentation was lacking to indicate the</p>						

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	<p>resident received 2 units of insulin as ordered.</p> <p>On 8/19/11 at 9:00 P.M. - Documentation was lacking to indicate the blood glucose checks had been done.</p> <p>On 8/20/11 at 9:00 P.M. - Documentation was lacking to indicate the blood glucose checks had been done.</p> <p>On 8/21/11 at 11:00 A.M. - The resident's blood glucose was recorded as 239 - documentation was lacking to indicate the resident received 4 units of insulin as ordered.</p> <p>On 8/22/11 at 11:00 A.M. - The resident's blood glucose was recorded as 186 - documentation was lacking to indicate the resident received 2 units of insulin as ordered.</p> <p>On 8/22/11 at 4:00 P.M. - The resident's blood glucose was recorded as 166 - documentation was lacking to indicate the resident received 2 units of insulin as ordered.</p> <p>Interview on 8/22/11 at 1:05 P.M. with Unit Manager #2 indicated blood glucose results and insulin administration should be documented on the blood glucose testing logs.</p>						

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F0323 SS=D	<p>Review on 8/24/11 at 10:20 A.M. of a facility policy and procedure revised 10/2010, provided by the ADON, identified as current, and titled "Obtaining a Fingerstick Glucose Level" indicated "...The person performing this procedure should record the following information in the resident's medical record:...the blood sugar results...if the resident is on sliding scale coverage..."</p> <p>This federal tag relates to Complaint IN00095168</p> <p>3.1-37(a)</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p><b>Based on observation, interview, and record review, the facility failed to ensure interventions were implemented and monitored to prevent</b></p>			F0323	<p>F323-483.25 (h) Free of Accident Hazards/Supervision/Devices</p> <p>I. Resident's non skid strips, personal safety alarms, self-releasing safety belts are in place and functioning.</p> <p>II. All residents with fall interventions in place will be identified. An audit will be conducted to verify implementation of the resident's</p>		09/23/2011

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	<p>falls related to non-skid strips, alarms, and supervision for 1 of 3 residents with history of falls in a sample of 8. (Resident #D).</p> <p>Findings include:</p> <p>On 8/23/11 at 9:40 A.M., Resident #D was observed sitting in the hallway in a wheelchair. The resident's feet were on foot pedals, the wheelchair back was slightly tilted backward, there was a seat belt in place, and there was a pressure alarm in place.</p>				<p>fall prevention plan of care.</p> <p>III. A systemic change will include implementation of licensed nurse shift to shift documentation to verify, monitor, and supervise implementation resident fall prevention interventions. Identified concerns will be immediately addressed . Training will be provided to licensed nurse, and C.N.A. staff to review fall prevention and management procedures inclusive of strategies to supervise at risk residents and to monitor implementation fall prevention interventions.</p> <p>IV. The Director of Nursing and or designee will conduct weekly observation and documentation fall prevention audits for 10 residents x 12 months. Any identified concerns will be addressed . The results of these audits will be discussed at the facility Quality Assurance Committee meeting. Modifications of the following plan will be adjusted as deemed necessary.</p> <p>Completion Date: September 23, 2011.</p>		

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	<p>The resident was sitting on a 3-inch thick, black gel cushion that was not wedged. There were rear anti-tippers in place. The resident was taken to his room and two staff members stood the resident. The alarms sounded. Observation of the room indicated there were no non-skid strips on the floor.</p> <p>Interview on 8/23/11 at 9:50 A.M., with Unit Manager (UM) #1 indicated the resident's room had been remodeled and "we need</p>						

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	<p>to put the non-skid strips in place." She indicated the strips should have been placed on the floor in the resident's room.</p> <p>On 8/23/11 at 10:10 A.M., during an observation with the Assistant Director of Nursing (ADON), Resident #D was sitting the wheelchair in his room. There was Dycem observed between the cushion and the seat of the wheelchair. The ADON stated "That won't do any good."</p>						

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	<p>Resident #D's clinical record was reviewed on 8/23/11 at 8:40 A.M. The record indicated the resident was admitted with diagnoses which included, but were not limited to, progressive Parkinson's disease, dementia with agitation and aggression, frequent falls, wandering at night, increased weakness, decreased mobility, insomnia, neuropathy, and peripheral edema.</p> <p>A Minimum Data Set (MDS) Quarterly Assessment, dated</p>						

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	<p>6/22/11, indicated the resident was severely impaired in cognitive decision-making skills, required extensive two-person physical assistance for transfer and toilet use, required extensive one-person physical assistance for ambulation, balance was unsteady and was only able to stabilize with human assistance, and had one fall without injury.</p> <p>A physician's orders recapitulation, dated August 2011, indicated</p>						

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	<p>"...4/5/11 Check safety devices for functioning and positioning every shift (6-2, 2-10, 10-6)..."</p> <p>Fall risk assessments indicated:</p> <p>3/10/11 - the resident had intermittent confusion, had 3 or more falls in the previous 3 months, was chair bound, and had balance problems. The score was 20 indicating high risk for fall.</p> <p>6/14/11 - the resident had intermittent</p>						

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	<p>confusion, had 3 or more falls in the previous 3 months, was chair bound, and had balance problems. The score was 20 indicating high risk for fall.</p> <p>8/2/11 - the resident had intermittent confusion, had 3 or more falls in the previous 3 months, was chair bound, and had balance problems. The score was 20 indicating high risk for fall.</p> <p>A resident care plan, dated 10/18/10, indicated "...Resident at risk for</p>						

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	falls due to weakness and decreased mobility, diagnosis of Parkinson's and Dementia...Apply non-skid footwear before transfers...call light within reach...encourage resident to use call light...place personal items within reach...PT (physical therapy)/OT (occupational therapy) as ordered...activities to look at activity interest and help to provide activities that can be done at night...PSA (personal safety alarm) to bed and chair..."						

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	<p>A Physical Therapy "Plan of Treatment," dated 2/18/11, indicated "...Unable to perform advanced balance test and is thus high fall risk...demonstrates sitting balance of F- (fair-) static (able to maintain static balance with UE [upper extremity] support...Trunk leans to the right and head forward...demonstrates standing balance of P+ (poor+) static (able to maintain balance with minimum assistance)...."</p>						

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	<p>Nurses' notes indicated the resident removed the seat belt alarm, attempted to transfer self and/or ambulate by self on 3/6/11, 3/7/11, 3/19/11, and 3/20/11.</p> <p>A nurses' note, dated 3/30/11 at 11:05 A.M., indicated "CN (charge nurse) alerted per DON (Director of Nursing) that res (resident) was on the floor. Res found on floor on knees @ bedside per CN...0 (no) OA's (open areas) or apparent injuries noted...Non-skid strips</p>						

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	<p>placed @ bedside as safety intervention..."</p> <p>Documentation was lacking related to a bed alarm being in place and functioning at the time of the fall.</p> <p>An "Interdisciplinary Team Meeting Fall Interventions" form, dated 3/31/11, indicated "...3/30/11 @ 11:05 AM, Resident found in room on knees...Dates of previous falls: 3/30/11; 3/10; 2/16; 1/24; 1/18...unwitnessed...Prevention devices in use prior to fall: Personal</p>						

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	<p>Safety Alarm Bed chair seatbelt...New intervention: non-skid strips to floor...Continue current safety interventions. Non-skid strips to floor. Will continue to monitor et (and) F/U (follow up) as needed..."</p> <p>Documentation was lacking to indicate the alarm was functioning at the time of the fall.</p> <p>An undated resident fall care plan provided by the ADON indicated "...3/30/11 non-skid strips to floor @</p>						

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	bedside..."  A nurses' note, dated 4/2/11 at 4:30 P.M., indicated "Resident lowered self to floor from w/c (wheelchair) and began crawling on floor up hallway. No injuries and alarm did not sound..."  An "Interdisciplinary Team Meeting Fall Interventions" form, dated 3/31/11, indicated "...3/30/11 @ 11:05 AM, Resident found in room on knees...Dates of previous falls: 3/30/11;						

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	3/10; 2/16; 1/24; 1/18...unwitnessed...Prevention devices in use prior to fall: Personal Safety Alarm Bed chair seatbelt...New intervention: non-skid strips to floor...Continue current safety interventions. Non-skid strips to floor. Will continue to monitor et (and) F/U (follow up) as needed..." Documentation was lacking to indicate the alarm was functioning at the time of the fall. An undated resident fall						

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	<p>care plan provided by the ADON indicated "...3/30/11 non-skid strips to floor @ bedside..."</p> <p>A nurses' note, dated 4/11/11 at 10:30 A.M., indicated "resident sliped (sic) himself down from his w/c to his knees on the floor. 0 (no) injuries...Resident was combative c (with) staff and non compliant..."</p> <p>Documentation was lacking to indicate if an alarm was on and functioning at the time of the fall.</p>						

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	<p>An "Interdisciplinary Team Meeting Fall Interventions" form, dated 4/12/11, indicated "...4/11/11 @ 10:30 AM, Res was noted lowering self to floor &amp; crawling into BR (bathroom)...witnessed... Prevention devices in use prior to fall: Personal Safety Alarm...New intervention: (the form was blank)...UM (unit manager) to conduct staff ed (education) c (with) CNA re: approach/reapproach of</p>						

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	<p>res, safe use of lifts (2 staff present), et 2 caregivers when res becomes combative..."</p> <p>Documentation was lacking to indicate if the alarm was functioning at the time of the fall.</p> <p>An undated resident fall care plan provided by the ADON indicated "...4/12/11 Staff to reapproach res when he is agitated/combative..."</p> <p>Nurses' notes indicated :</p> <p>4/11/11 at 9:00 P.M., "...Res has been up in</p>						

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	<p>w/c c (with) alarm on &amp; has tried to stand up sounding alarm..."</p> <p>4/12/11 at 12:00 A.M., "Res noted crawling on floor from room into hallway. Res did not know how he ended up in hallway on floor...Res bed was in low position but bed alarm was not in place..." The resident sustained no injuries.</p> <p>An "Interdisciplinary Team Meeting Fall Interventions" form, dated 4/12/11, indicated "...4/12/11 12 AM,</p>						

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	Resident crawling on floor in hallway in front of room...unwitnessed...Pre vention devices in use prior to fall: Personal Safety Alarm...New intervention: 30 min (minute) checks (indicated by checkmark)...UM to conduct staff ed (education) c (with) CNA; q (every) 15 min checks (indicated by checkmark) x 72o (72 hours); OT to F/U re: (regarding) w/c positioning..."						

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	<p>An undated resident fall care plan provided by the ADON indicated documentation was lacking related to any new interventions implemented to prevent falls after the 4/12/11 fall.</p> <p>Nurses' notes indicated the resident attempted to transfer self, unfastened the seat belt, and/or leaned forward in the wheelchair on 4/13/11, 4/17/11, 4/21/11, 4/22/11, 4/28/11, 4/29/11, 4/30/11, 5/2/11, 5/3/11, 5/5/11, and</p>						

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	5/7/11.  A nurses' note, dated 5/10/11 at 10:00 P.M., indicated "Res fell this shift in dining hall during activities. Res appears to have 0 (no) injuries...Res c (with) several attempts before fall to unfasten belt and get up...."  An Accident Investigation Form Unusual Occurences (sic)," dated 5/10/11, indicated "... (Resident name) was in the dining room for activities. I was						

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	on the hallway giving medications to other residents. The activities (sic) assistant came and got me and said (Resident name) fell. I went to the dining hall and by that time (Resident name) was back in his w/c...Was a restraint in use during the fall:...seat belt/waist restraint...alarm sounded during the fall...found on floor unwitnessed...getting up from chair/wheelchair...The footwear at the time of the incident						

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	<p>was:...Slippers...Res tried to stand up out of w/c...Instruct staff to keep resident in view when out of her/his room...Instruct staff to increase staff supervision to every 60 minutes..."</p> <p>An undated resident fall care plan provided by the ADON indicated documentation was lacking related to any new interventions implemented to prevent falls after the 5/10/11 fall.</p> <p>A "Therapy</p>						

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	<p>Recommendation for Nursing Rehab," dated 5/9/11, indicated "...Wheelchair positioning: encourage patient to propel dual-axle wheelchair, (seat wedged) and T-gel checkerboard-style seat cushion with rear anti-tippers, using arms &amp; legs c (with) verbal/tactile cues for hand placement &amp; initiator and verbal/visual cues to use LEs (lower extremities) when transporting patient, use elevating foot pedals."</p>						

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	<p>An Occupational Therapy "Plan of Treatment," dated 5/9/11, indicated "...OT (occupational therapy) continues to recommend use of elevating foot pedals for transporting patient. However, when patient is left alone in hallway and he is alert, OT recommends removal of foot pedals and encourage w/c propulsion using B (bilateral) UEs (upper extremities) and B (bilateral) LEs (lower extremities)...Patient</p>						

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	fitted with dual axle (seat lowered in the back and raised in the front) to deter sit-stand unassisted and enable patient to propel w/c using B UEs and B LEs. Patient also has a self release velcro lap safety belt with PSA alarm of which he had been using and able to remove on command. Patient was also fitted with 1" checkerboard-style pressure relief seat cushion for buttocks/LEs. OT continues to recommend use of elevating foot						

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	<p>pedals for transporting patient..."</p> <p>A nurses' note, dated 5/22/11 at 2:45 A.M., indicated "PSA sounding - upon entering resident's room, resident found on floor next to bed sitting on butt on bed control. Bed in high position. 0 (no) reddness (sic) or injuries noted to buttocks..."</p> <p>An "Interdisciplinary Team Meeting Fall Interventions" form, dated 5/23/11, indicated "...5/22/11 @ 2:45 AM,</p>						

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	<p>found on floor next to bed sitting on bed control...unwitnessed...P revention devices in use prior to fall: (The form was blank)...New intervention: 15 min checks (indicated by checkmark); unplug bed when res in bed...offer HS (bedtime) snack; unplug bed when res is in bed..."</p> <p>An Accident Investigation Form Unusual Occurences (sic)," dated 5/22/11, indicated "...Alarm sounding - left nurses</p>						

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	station & found resident sitting on floor next to bed on butt sitting on bed control & bed in high position...alarm sounded during the fall...found on floor unwitnessed...getting out of bed...The footwear at the time of the incident was:...Plain socks...Resident was sitting on bed control which may have raised the bed after resident was sitting on floor...15 min checks (indicated by checkmark)...Bed in low & unplugged when resident in bed						

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	<p>unsupervised..."</p> <p>An undated resident fall care plan provided by the ADON indicated "...15 min checks (indicated by checkmark)...unplug bed control when res is in bed...staff to offer hs snack..."</p> <p>Interview on 8/23/11 at 9:40 A.M., with UM #1 indicated the bed control should have been left out of reach of the resident while in bed.</p> <p>Nurses' notes indicated</p>						

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	<p>the resident attempted to stand unassisted and/or removed the seat belt on 6/10/11 and 6/11/11.</p> <p>A nurses' note, dated 6/12/11 at 6:45 P.M., indicated "While in MDR (main dining room) resident leaned forward in w/c and slipped onto knees on floor - reported to this nurse - PSA sounded while a nurse and aid (sic) were assisting resident off the floor resident became combative and threw a beverage...0 (no)</p>						

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	<p>apparent injuries noted at this time..."</p> <p>An "Interdisciplinary Team Meeting Fall Interventions" form, dated 6/13/11, indicated "...6/12/11 @ 6 PM res was leaning forward in w/c in MDR, slipped out of w/c on to knees...Prevention devices in use prior to fall: (The form was blank)...New intervention: pain assess (assessment) done; 15 min checks (indicated by checkmark)...UM to check (indicated by</p>						

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	checkmark) safety belt et (and) PSA..."  An Accident Investigation Form Unusual Occurences (sic)," dated 6/12/11, indicated "...I was feeding residents then (Resident name) alarm went off so I was saying (Resident name) to get him to stop getting up but he kept leaning forward then he slipt (sic) on the ground...alarm sounded during the fall...fall to floor witnessed...sliding out of wheelchair...The						

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	<p>footwear at the time of the incident was:...Slippers...Instruct staff to use a position or pressure change alarm...Instruct staff to keep resident in view when out of her/his room...Instruct staff to put resident to bed when he/she is tired...15 min checks (indicated by checkmark) x 72o (72 hours)..."</p> <p>An undated resident fall care plan provided by the ADON indicated documentation was lacking related to any</p>						

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	<p>new interventions implemented to prevent falls after the 6/12/11 fall.</p> <p>A nurses' note, dated 6/14/11 at 2:00 P.M., indicated "Res found crawling on the floor at 11:10 A.M. 0 (no) apparent (sic) injury @ this time..."</p> <p>Documentation was lacking related to an alarm being in place and functioning.</p> <p>An "Interdisciplinary Team Meeting Fall Interventions" form,</p>						

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	<p>dated 6/15/11, indicated "...6/14/11 @ 1105 (11:05 A.M.) Res was crawling on floor at nurse station...Prevention devices in use prior to fall: (The form was blank)...New intervention: check (indicated by checkmark) safety devices for positioning/functioning... Allow res time to stand &amp; stretch, then reattach safety devices..."</p> <p>An Accident Investigation Form</p>						

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	Unusual Occurences (sic)," dated 6/14/11, indicated "...Was at nurses station charting when a res from 500 hall walked by and said res crawling on floor. found res on all fours crawling around on floor...alarm did not sound during the fall...found on floor unwitnessed...Res was crawling...The footwear at the time of the incident was:...TED (antithrombolytic devices) hose - had slippers on but took off prior to crawling..." Documentation was						

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	<p>lacking related to new interventions to implement to prevent falls after the 6/14/11 fall.</p> <p>An undated resident fall care plan provided by the ADON indicated "allow res time to stand &amp; stretch, then re-attach safety devices."</p> <p>Interview on 8/23/11 at 9:40 A.M., with UM #1 indicated documentation was lacking of the resident being stood and stretched to prevent falls.</p>						

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	<p>Nurses' notes indicated the resident released the seat belt and/or attempted to stand unassisted on 6/15/11, 6/16/11, 6/18/11, 6/20/11, 6/24/11, 6/25/11, and 6/26/11.</p> <p>A nurses' note, dated 6/29/11 at 5:45 P.M., indicated "While in the dining room helping another residen [sic] w/ (with) their alarm sounding. After getting that resident settled this narrator [sic] heard another alarm sounding and it was this res trying</p>						

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	<p>to crawl out of the w/c. This narrator [sic] ran to help the res and was unable to lift the res alone so this narrator [sic] assisted the res and called for help...0 (no) areas of redness or injury noted..."</p> <p>An "Interdisciplinary Team Meeting Fall Interventions" form, dated 6/30/11, indicated "...6/29/11 @ 5:45 P.M., Res was assisted to floor p (after) being seen attempting to crawl on floor...Witnessed...Prevention devices in use prior</p>						

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	<p>to fall: (The form was blank)...New intervention: 15 min checks (indicated by checkmark)...Keep res out of MDR until fully staffed..."</p> <p>An Accident Investigation Form Unusual Occurences (sic)," dated 6/30/11, indicated "...Was assisting another res whose alarm was sounding back into their chair when I heard (Resident name) alarm sounding. I turned and saw that he had</p>						

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	unlatched his lap belt and was crawling out of his chair. I ran and grabbed him and tried to pull res up in chair but was unable to alone so I called for help...alarm sounded during fall...near fall (resident lowered to the floor by staff or roll from low bed to floor pad)...crawling our of chair...The footwear at the time of the incident was:...Slippers...Instruct staff to use a position or pressure change alarm...Instruct staff to keep resident in view						

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	<p>when out of her/his room...lower the bed...Instruct staff to use safe footwear for resident...Attach bells to lap robe or blanket..."</p> <p>An undated resident fall care plan provided by the ADON indicated "Res is not to go to MDR for meals until DR is fully staffed c (with) workers assigned to serve meals..."</p> <p>Nurses' notes indicated the resident released seat belt frequently, leaned forward in wheelchair</p>						

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	<p>and reaching to floor, and/or trying to stand unassisted on 6/30/11, 7/1/11, 7/2/11, 7/3/11, 7/4/11, 7/6/11, 7/11/11, 7/13/11, 7/14/11, 7/15/11, 7/16/11, and 7/20/11.</p> <p>A nurses' note, dated 7/30/11 at 6:00 A.M., indicated "At 5:05 AM, resident was sitting in wheelchair with lap belt in place. Resident removed safety belt and was witnessed sliding from the chair to the floor...Removed lap belt several times during the</p>						

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	<p>night and tried to get out of chair. Res was transferred to recliner and made several attempts to climb over the side of the chair...Res was not injured but he did have a red area to his lower back and buttocks..."</p> <p>An "Interdisciplinary Team Meeting Fall Interventions" form, dated 8/1/11, indicated "...7/30/11 @ 0510 (5:10 A.M.), In front of nurses station...Witnessed...Prevention devices in use prior to fall: Physical</p>						

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	<p>Restraint...Personal Safety Alarm...New intervention: Aides check (indicated by checkmark) functioning of safety devices; wait until later to get up (indicated by arrow) in AM...15 min checks (indicated by checkmark); dysem [sic] in w/c..."</p> <p>There was no Accident Investigation Form Unusual Occurences (sic)" provided for review.</p> <p>An undated resident fall</p>						

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	<p>care plan provided by the ADON indicated documentation was lacking related to any new interventions implemented to prevent falls after the 7/30/11 fall.</p> <p>A nurses' note, dated 8/2/11 at 8:00 P.M., indicated "Res removed self release belt - fell to floor to (R) (right) side - no injury..."</p> <p>Documentation was lacking related to the PSA being in place and functioning at the time of the fall.</p>						

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	<p>An "Interdisciplinary Team Meeting Fall Interventions" form, dated 8/3/11, indicated "...8/2/11 @ 2005 (8:05 P.M.), ...Prevention devices in use prior to fall: (The form was blank)...New intervention: (The form was blank)...Staff to assist res to stand &amp; stretch q4o (every 4 hours) WA (with assistance) as res allows..."</p> <p>There was no Accident Investigation Form</p>						

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	<p>Unusual Occurences (sic)" provided for review.</p> <p>A resident care plan, dated 8/3/11, indicated "...Res is at risk for falls d/t (due to) decreased safety awareness...15 min checks x 72 hrs; alarming self-release seat belt; dysem [sic] in w/c and recliner; anti-tippers to rear of w/c; PSA in w/c, recliner, bed; frequent rounds to assess for safety &amp; comfort; monitor for changes and f/u (follow up) with MD as needed.. staff to assist</p>						

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	<p>res to stand &amp; stretch every routinely while awake as he allows..."</p> <p>An "Interdisciplinary Team Meeting Fall Interventions" form, dated 8/4/11, indicated "...8/3/11 @ 2000 (8:00 P.M.)...Prevention devices in use prior to fall: (The form was blank)...New intervention: Ensure PSA is functioning...Staff education..." There were no nurses' notes related to this fall.</p>						

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	<p>There was no Accident Investigation Form Unusual Occurences (sic)" provided for review.</p> <p>A resident care plan, dated 8/3/11, indicated "8/4/11 Staff to check PSA for proper placement &amp; functioning - personal safety alarm in bed and wheelchair..."</p> <p>A nurses' note, dated 8/4/11 at 4:00 A.M., indicated "Res was observed attempting to stand from w/c in hall. Res yelled out and</p>						

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	<p>slowly fell to floor to (L) side. PSA lap belt had sounded five minutes prior to incident but did not sound at the time of fall. 0 (no) apparent injuries..."</p> <p>There was no "Interdisciplinary Team Meeting Fall Interventions" form provided for review.</p> <p>There was no Accident Investigation Form Unusual Occurences (sic)" provided for review.</p>						

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	<p>A resident care plan, dated 8/3/11, indicated documentation was lacking related to any new interventions being implemented to prevent falls after the 8/4/11 4:00 A.M. fall.</p> <p>A nurses' note, dated 8/4/11 at 12:00 P.M., indicated "Res fell today at 11:05 AM. Was sitting in hall outside room. Found on buttocks (slightly on (L) hip) on floor c (with) back against w/c seat...Frequently undoes (sic) seatbelt to w/c &amp;</p>						

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	<p>attempts to crawl on floor...0 (no) new injuries noted per assessing nurse..."</p> <p>Documentation was lacking to indicate alarms were in place and functioning.</p> <p>An "Interdisciplinary Team Meeting Fall Interventions" form, dated 8/4/11, indicated "...8/3/11 @ 11:05 A.M. Sitting in hall on buttocks...Prevention devices in use prior to fall: (The form was blank)...New intervention: Res kept</p>						

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	<p>w/in (within) view of staff...OT screen for positioning..."</p> <p>There was no Accident Investigation Form Unusual Occurences (sic)" provided for review.</p> <p>A resident care plan, dated 8/3/11, indicated "8/4/11 OT screen for positioning..."</p> <p>Documentation was lacking to address keeping the resident within view of the staff.</p> <p>A nurses' note, dated</p>						

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	<p>8/6/11 at 8:00 P.M., indicated "This nurse doing 15 min check (indicated by checkmark) found resident on floor of resident's room between chair and bed on knees. Resident had a large BM (bowel movement) and brief was open et tangled in legs/feet..."</p> <p>Documentation was lacking to indicate if alarms were in place and functioning at the time of the fall.</p> <p>An "Interdisciplinary Team Meeting Fall</p>						

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	<p>Interventions" form, dated 8/8/11, indicated "...8/6/11 @ 8 P.M. found on floor between chair &amp; bed on knees...Prevention devices in use prior to fall: (The form was blank)...New intervention: Res encouraged to stay up (indicated by arrow) until hypnotic given...OT to eval (evaluate) et tx (treat) as indicated..."</p> <p>There was no Accident Investigation Form Unusual Occurences (sic)" provided for</p>						

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	<p>review.</p> <p>A resident care plan, dated 8/3/11, indicated "8/8/11 Staff to encourage res to stay up until scheduled Trazadone (an antidepressant used for insomnia) (initiated 8/6/11); OT to eval &amp; treat as indicated (screening completed- -wheelchair positioning evaluation); assist to recliner in room (afternoon) for rest period as tolerated/allowed..."</p>						

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	<p>An Occupational Therapy "Plan of Care," dated 8/8/11, indicated "...Currently, patient utilizing elevated foot pedals with foot cradle while in hallway with s/s (signs/symptoms) scooting hips/buttocks forward in order to get up from w/c. He did, however, c/o (complain of) needing to use the restroom. He demonstrates ability to remove PSA lap belt without needing prompts - fall risk..."</p> <p>Documentation was lacking related to</p>						

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	<p>recommendations for change in w/c positioning.</p> <p>Nurses' notes indicated the resident attempted to stand without assistance, climb out of the recliner, and get out of chair, and/or unfasten seat belt on 8/12/11, 8/13/11, 8/17/11, 8/20/11, and 8/23/11.</p> <p>Interview on 8/23/11 at 9:40 A.M., with UM #1 indicated the resident had "decreased safety awareness" and staff toileted the resident</p>						

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	<p>"every couple of hours" but indicated there was no documentation of a toileting schedule. She indicated there were several interventions that were not new but had been in place. She indicated the resident should have been monitored in activities and should not have been "left unattended in the dining room." She stated "I understand your concerns."</p> <p>Review on 8/23/11 at 11:05 A.M., of a facility policy and procedure,</p>						

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	<p>dated 5/02 and revised 6/05, provided by the ADON, identified as current, and titled "Fall Prevention Program" indicated "...Document immediate interventions implemented to prevent another fall...a plan of care will be established to include individualized interventions for those residents who are evaluated to be at risk..."</p> <p>3.1-45(a)(2)</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/12/2011

FORM APPROVED

OMB NO. 0938-0391

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